



REPORTING REQUIREMENTS FOR INSURANCE COMPANIES  
SUBMITTING  
AUTOMOBILE LIABILITY INSURANCE INFORMATION  
TO THE  
STATE OF NEVADA  
DEPARTMENT OF MOTOR VEHICLES  
CENTRAL SERVICES DIVISION  
INSURANCE VERIFICATION PROGRAM



# NEVADA DMV INSURANCE VERIFICATION PROGRAM INSURANCE COMPANIES REPORTING REQUIREMENTS

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## **SECTION 1 INTRODUCTION**

### **PROGRAM GOAL**

The goal of Nevada's Insurance Verification Program is to identify and reduce the number of uninsured motor vehicles operating on its highways.

### **PROGRAM PURPOSE**

The purpose of the Insurance Verification Program is to verify that all owners of motor vehicles registered in Nevada maintain liability insurance.

### **PURPOSE OF THIS DOCUMENT**

The purpose of this manual is to provide insurance companies with the information they need to comply with Nevada's Insurance Verification Program. The success of the program is dependent on the understanding by, and participation of, all insurance companies issuing automobile liability insurance in Nevada.

Section 1 includes a brief program overview and defines the insurance company requirements for compliance with the program.

Section 2 describes the process for submitting insurance records to the Department.

Section 3 defines what types of insurance records are reported to the Department and the information contained within those records.

Section 4 gives the technical details for media and format requirements.

Section 5 contains examples of letters, notices, and reports used in this program.

Section 6 is a list of contact persons, addresses, and telephone numbers.

Appendix A is codes for Vehicle Makes.

## **PROGRAM OVERVIEW**

Changes to NRS Chapter 485, passed during the 1997 Nevada Legislature, revise the Processing Services Division's requirements in the administration of the Insurance Verification Program. The bill requires the Department of Motor Vehicles to create and implement a system verifying that owner(s) of registered motor vehicles maintain automobile liability insurance.

The program affects all insurance companies licensed and actively writing automobile liability insurance policies in the State of Nevada. The information to be reported includes policy, vehicle, and named insured information. This data will be used to establish and update the insurance data base.

All activity occurring during the month must be submitted to the Department by the fifteenth day of the following month. The insurance information submitted must be in the format specified in this document.

The Department will use the insurance information received to track which registered vehicles are insured. The vehicle identification number (VIN) and at least one name on the insurance policy must match the registration.

Owner(s) of registered vehicles, not identified as insured, are notified by first class mail that their vehicle cannot be identified as covered by motor vehicle liability insurance. A form is sent, to be completed by the registered owner(s) or his authorized agent. If the department does not receive the completed form, the department shall send to the owner(s) a second form by certified mail for verification of insurance. The owner(s) or his authorized agent shall complete the form and return it to the department within 15 days after the date on which it was sent by the department. This process excludes terminations.

If no evidence of insurance is provided, the vehicle registration is suspended. The registration is reinstated when the registered owner(s) meets the reinstatement criteria.

All insurance information provided to the Department by a registered owner(s) must be verified by receipt of an insurance record from the insurance company. A vehicle is considered insured only when the insurance information is received from an insurance company. If an insurance company fails to provide the insurance record, the vehicle will not be considered insured, and the registration is subject to suspension.

Insurance companies must demonstrate to the satisfaction of DMV through the submittal of test records that the company is able to comply with NRS 485.314.

DMV shall notify the commissioner of insurance if an insurer fails to meet the requirements of NRS 485.314 or provides information that is false, incomplete or misleading.

Insurance companies in non-compliance with the monthly reporting requirement are not eligible to receive drivers' license or registration information from the Department.

All information supplied to the Department by an insurance company is retained as a confidential record and is used for enforcement and regulatory purposes only.

The Financial Responsibility Section provides self-insured information.

## **REQUIREMENTS**

1. This program applies to all insurance companies, which are licensed, and actively writing automobile liability insurance policies in Nevada. All Companies must:

Complete a copy of the Insurance Company Reporting Information Notice in (Section 5) and mail it to the Department.

Newly licensed insurance companies have 30 days from the date of license approval to submit this form.

Update the notice within 30 days of a change in personnel.

2. Every active insurance company must report the month's automobile liability insurance activity by the fifteenth day of the following month. Reporting must occur at least monthly, but can be done more often as necessary.

A group of insurance companies can submit insurance records on one cartridge or diskette.

Insurance companies shall report both personal lines and commercial lines on the same media submission.

Refer to the 'Monthly Insurance Record Reporting Process' in Section 2 and the 'Insurance Record Reporting Requirements' in Section 3.

3. The method of submitting insurance records to the Department and the contents of those records must comply with Department specifications.

Refer to the 'Technical Specifications' in Section 4.

4. Insurance records received by the Department containing errors are returned to the insurance company for correction.

The insurance company has 30 days to correct and return records submitted with editing errors. Insurance company should attempt to resolve other types of errors and resubmit the corrections as necessary.

Termination errors must be corrected and resubmitted as necessary to avoid wrongful suspensions.

Refer to the 'Monthly Reporting Process' in Section 2, 'Process for Resolving No Matches' in Section 2, and 'Technical Specifications' in Section 4.

5. The insurance company will verify insurance information provided to the Department by registered owner(s).

Refer to the 'Verify Insurance Process' in Section 2.

6. The Department will not release driver and vehicle information to any insurance company failing to comply with the monthly reporting requirement.

Refer to the 'Notification of Non-compliance Process' in Section 2.

7. When an insurance company stops issuing automobile liability insurance in Nevada, the Department must be notified in writing within 30 days. The company must not have any active automobile liability policies in force or plan to issue any future policies.
8. The Department will notify insurance companies at least 90 days in advance of any reporting requirement changes.

## **DEFINITIONS**

These definitions are intended to help clarify terms used in this document.

**Activity:** Motor vehicle liability insurance transactions, which take place during a reporting period and must be reported to the Department. Renewals are excluded.

**Department:** The Department of Motor Vehicles in the State of Nevada.

**Dormant Vehicle:** Defined in NRS 485, as a motor vehicle, which is required to have liability insurance coverage but will not be operated for an extended period of time because of mechanical or seasonal circumstances.

**Edit Errors:** Records not meeting the edit criteria.  
Errors are described in detail in Section 4.

**Effective Date:** The inception date of the original policy.

**Golf Cart:** Defined in NRS 482.044 as a motor vehicle that has no fewer than three wheels in contact with the ground and is designed to carry golf equipment and no more than four persons, including the driver.

**Insurance Company Number:** A unique number used to identify an insurance company. The last five numbers of the National Association of Insurance Commissioners NAIC is used. If a company has not received an NAIC code, the number assigned by the Nevada Insurance Division at the time of licensing is used.

**Lapse in Coverage:** A period when a vehicle is not insured.

**Match:** A match occurs when the insurance record corresponds to a registration record see Reporting Processing in Section 2.

**Motor Carrier:** Defined in NRS 482.482, subsection one, paragraph (e), as a registered motor truck, truck tractor, bus or other vehicle that weighs not less than 26,001 pounds and not more than 80,000 pounds. Included are those vehicles under NRS 706.801 to 706.861 inclusive, which are listed under NRS 706.806, section 5.

“Motor Vehicle” includes every motor vehicle with a declared gross weight in excess of 26,000 pounds required to be registered under the laws of this state.

**No Match:** VIN or common name cannot find a registration record.

**Named Insured:** The owner(s) and person(s) covered by the insurance policy.

**NAIC:** National Association of Insurance Commissioners.



**NCIC:** National Crime Information Center.

**Operator Policy:** A policy, which insures an individual rather than a specific vehicle. The policy does not have vehicle specific information. These are not 'named nonowner(s)'.

**Reporting:** The submission of insurance records to the Department.

**Reporting Period:** The time period of activity for which insurance records are reported. If an insurance company is reporting on a monthly basis, the reporting period is the entire previous month.

**Termination:** Liability insurance coverage, which has been dropped, terminated, canceled, not renewed, or otherwise considered 'out of force'.

**Vehicle Specific Insurance Record:** An insurance record, which contains vehicle information.

**Non-Vehicle Specific Insurance Record:** An insurance record with no vehicle information.

**VIN:** Vehicle Identification Number.

## **SECTION 2 REPORTING PROCESS**

There are five processes described in this section.

Each process requires some type of information exchange between the insurance company and the Department, either directly or through the registered owner(s)/insured individual.

The processes described are for:

1. Creating the initial insurance database.
2. Reporting insurance records monthly.
3. Resolving no matches.
4. Verifying the validity of insurance information provided by a customer.

This process is only used when the Department has not received an insurance record from the insurance company through the regular monthly reporting process.

5. Notifying insurance companies when they are not in compliance with the reporting requirements.

### **INITIAL INSURANCE DATABASE CREATION PROCESS**

1. All **new** insurance companies will initially provide the Department with test data submitting one record for each transaction type, (Add, Terminate, Rescind, Previous) for all NAIC's they are reporting.
2. The report contents and media must comply with the requirements outlined in this document.
3. The Department will review and return the data with comments as to the test acceptability of data.
4. **Only** after the insurance company has been approved to submit the data will the Department accept the insurance records.
5. All errors must be corrected and resubmitted. The insurance company has the option of resubmitting the corrected records separately, or as part of the next regular reporting.
6. Valid insurance records will be added to the insurance database.
7. Insurance records with format (edit) errors will not be added to the database.

We **recommend** sending test data twice a year. This will insure format quality and help in solving any editing errors.

## **MONTHLY INSURANCE RECORD REPORTING PROCESS**

The regular monthly reporting process has 5 steps:

1. The insurance company submits the previous month's insurance activity records to the Department.
2. The Department receives the insurance records.
3. The insurance records are processed.
4. The original records, error records, and a report of records processed are returned to the insurance company.
5. The insurance company corrects any errors and resubmits the corrected insurance records.

1. Insurance company submits insurance activity records.

A. Schedule.

Records must be submitted at least monthly, but can be submitted biweekly, weekly, or daily as necessary.

Any automobile liability insurance activity shall be reported by the fifteenth day of the following month. For example, the Department must receive July's activity by August 15.

The activity date is the date the insurance record is recorded in the insurance company's home office or when the insurance company database is updated.

For example, a new policy issued by an agent on July 25 but not received by the home office until July 29 is not expected to reach us by August 15. However, it should be received by September 15. If it is not received by September 15, or 60 days after the vehicle registration date, the vehicle suspension process will begin.

B. Format.

The format for insurance record submission must comply with the Department's standards outlined in Section 4 'Technical Specifications'.

C. Content.

The record contents must comply with the 'Insurance Record Reporting Requirements' outlined in Section 3.

Transactions must be submitted when:

- new liability insurance is issued
- a vehicle is added to a policy

- a vehicle is no longer insured, i.e., the vehicle is removed from a policy, the insurance is not renewed
- the insurance is canceled or terminated
- whenever the insurance is considered 'out of force'

D. No activity.

Submit a "No Activity To Report Notice" to the Department when there has been no activity during the month. A sample notice is in Section 5.

E. Receipt notification.

If the insurance company would like notification from the Department when an insurance report is received, include a two-part Report Received Notice and a prepaid self-addressed return envelope with the report.

F. Mail.

The insurance company is responsible for sending the activity report in a container suitable for mailing to the address provided in Section 6. The Department will return everything through the regular mail. If an insurance company would like the media returned via another method, a prepaid mailer should be provided with the media. The container should be able to hold the media and reports that are being returned.

2. The Department receives the insurance records.

- A. Receipt of insurance records is logged. The cartridges are prepared for processing.
- B. If there is a Report Received Notice, it is completed, a copy retained, and the original returned to the insurance company. A sample notice is in Section 5.
- C. All cartridges, and diskettes received are processed within three business days of receipt.

3. The insurance records are processed.

Records are processed in the order they are received.

- A. Insurance records are first edited for format.

Records not meeting the edit criteria are rejected as 'edit errors'. The records are returned with the appropriate error code. The edits are described in detail in Section 4.

- B. Insurance records with no errors are put on the insurance database and an attempt is made to match the insurance record to a registered vehicle record. The matching criteria for vehicle specific are by vehicle identification number (VIN) and a name string of one insured named in the policy of insurance. For the purpose of this program, a registered vehicle is considered insured when the VIN on the insurance matches the VIN on a registration record and at least one name on the insurance record matches one name on the registration record. The matching criteria for non-vehicle specific are Identification Number and name.
- C. Invalid insurance records are returned to the insurance company with the appropriate error code, found in Section 4 (Summary of Error and Return Codes.)

Insurance records are rewritten with error codes. Errors include:

- a VIN is invalid.
- an insurance terminated record is received, but no existing insurance record is found on file.
- a rescinded termination record is received, but no existing insurance record is found on file.
- no match to a registration record.

- D. A statistical report is printed, detailing records processed by their status.
4. The original record submission, error records, and statistical report are returned to the insurance company.

The error records are returned using the same media on which the original records were sent.

- A. If a cartridge is used, it is returned to the insurance company. The original data set is not overwritten. Errors are reported back as the **second file** on the data set. See Section 4 for details.
  - B. If the report is submitted on a PC diskette, the error records are returned to the insurance company on a printed error report, not the diskette.
  - C. A statistical report of records processed is also returned. A sample of the report is in Section 5.
5. The insurance company corrects the errors and resubmits the corrected insurance records to the Department.

The insurance company has the option of resubmitting the corrected records separately, or as part of the next regular reporting. However, please keep in mind the time frames the Department uses for determining when a vehicle is uninsured. Reporting errors do not prevent suspension of motor vehicle registration privileges.

- A. Errors on transactions should be corrected and resubmitted as quickly as possible.

## **PROCESS FOR VERIFYING INSURANCE**

Insurance information provided to the Department by a customer must be verified by the insurance company.

This process happens if the Department does not have an insurance record on file:

1. A customer claims insurance, but the Department has no record of the insurance.
2. If a customer wants to reinstate a suspended vehicle registration and the Department has not yet received an insurance record, the insurance company must supply the record, prior to reinstatement.

Each circumstance is described with the action the Department will take, then the action the insurance company will take.

1. The registered owner(s) claims insurance, but the Department has no record of insurance.
  - A. A registered vehicle is identified as potentially uninsured.
  - B. A Motor Vehicle Insurance Verification Request is sent to the registered owner(s) of a vehicle. The letter notifies the registered owner(s) that insurance coverage cannot be found. If after 20 days there is no response from the registered owner(s), a second certified letter is mailed informing the registered owner(s) that their registration will be suspended in 15 days unless a record of insurance is sent to Department.
  - C. The registered owner(s) or his authorized agent returns the letter to the Department with insurance information.
  - D. The Department has no insurance record verifying the information the registered owner(s) submitted.
  - E. The letter is forwarded to the insurance company.

### **Insurance Company Action:**

- F. If the insurance information is valid, the insurance company must submit an insurance record to the Department within 45 days from the date of the verification letter.

These records are submitted through the normal monthly reporting process on cartridge or PC diskette.



If the customer does not have insurance, the insurance company must complete the Insurance Information Area on the letter to deny insurance coverage, and return the letter to the Department.

If the insurance, the customer is claiming to have, is not confirmed or denied by the insurance company within 30 days, the Department makes one more attempt to verify insurance.

- G. A certified **Insurance Not Confirmed Letter** is sent to the registered owner(s). The letter notifies the registered owner(s) that since their insurance has not been confirmed, their vehicle registration will be suspended in 15 days. The letter instructs the registered owner(s) to contact their insurance company.
  - H. If there is insurance, the insurance company must submit an insurance record to the Department within the 30-day period or the registration will be suspended.
2. The registered owner(s) wants to reinstate a suspended registration.
- A. To meet the reinstatement requirements, the registered owner(s) submits proof of insurance, reinstatement fees, and other required documents.

Insurance Company Action:

- A. If there is insurance, the insurance company must verify insurance. An insurance record must follow through the reporting process.

### **NOTIFICATION OF NON-COMPLIANCE PROCESS**

Any insurance company who has not reported insurance record information for the previous calendar month, by the fifteenth of the month, will be sent a **No Activity Report Received Notice**.

If an insurance company fails to report insurance record information by the fifteenth of the following month, the Department will send an **Insurance Company Not in Compliance Notice**. This notice indicates non-compliance with the requirements of the program and notifies companies that they will not receive driver and vehicle information from the Department.

The company will not be eligible to receive driver and vehicle information from the Department until they have reported on schedule for two consecutive months.

The Department shall notify the Commissioner of Insurance when an insurer is not in compliance or provides false, incomplete or misleading information to the Department.

## SECTION 3 INSURANCE RECORD REPORTING REQUIREMENTS

### TYPES OF RECORDS REPORTED

1. Only motor vehicle liability insurance is reported.
2. All **registered motor vehicles** are included (automobiles, commercial vehicles, motor homes, rental cars, and motorcycles). The only exclusions are motor carrier vehicles and golf carts as defined by statute.
3. Only motor vehicles registered in Nevada are reported.
4. If the vehicle information is known, submit the record according to the instructions for vehicle specific insurance.
5. If a fleet or an operator policy is issued with no vehicle information, submit the record according to the instructions for non-vehicle specific insurance.

The Department will assume all vehicles registered to the named insured are covered.

6. All add transactions must be **equal to or less** than the date created.
7. All termination transactions must **be equal to or greater** than the date created but not more than 30 days in the future.

## **TYPES OF TRANSACTIONS REPORTED**

### **1. NEW ISSUES (A)**

New issue is used when liability coverage for a vehicle is initiated. A new issue is sent when:

- a new liability policy is issued.
- a vehicle is added to an existing policy.
- insurance is reinstated after it had been terminated (there was a lapse in coverage.)

Use this transaction type on all records submitted for the initial data base creation.

### **2. TERMINATION (T)**

Termination is used when a vehicle no longer has liability insurance coverage. A termination is sent when:

- liability coverage is terminated, canceled or out of force
- a vehicle is dropped from an existing policy.
- insurance is not renewed.

### **3. RESCIND TERMINATION (R)**

The rescind termination is used only to correct terminations sent in error. It reactivates the insurance by undoing the previously sent termination.

### **4. PREVIOUS COVERAGE (P)**

Previous is used to submit an insurance record on a vehicle that has a lapse in coverage. An Effective date and Termination date is required. There has to be an existing record of insurance with the same NAIC where a Termination and Add created the lapse.

Lapse in coverage:

If liability insurance coverage is 'out of force' and then reinstated:

1. A termination is sent when the coverage is considered 'out of force', or the vehicle is no longer covered by insurance.

2. A new issue is sent when the coverage is reinstated.

Vehicles identified as having lapses in coverage will be suspended. The insured must then provide proof of insurance and pay the reinstatement fee to remove the suspension.

Dormant Vehicles:

Vehicles that are not operated for a specific time frame due to Mechanical or Seasonal reasons and liability insurance has been submitted as termination.

## **INFORMATION REPORTED**

Information is reported according to whether or not the policy contains vehicle specific information. The record format does not change, but the content of the record does. The requirements for both vehicle specific and non-vehicle specific records are outlined below. See the record layout in the Technical Specification Sections for complete detail.

### **A. VEHICLE SPECIFIC INSURANCE RECORD REQUIREMENTS**

One record per vehicle is submitted.

Reporting Information:

1. Insurance Company Information

- NAIC code.
- If you do not have a NAIC code, use the number assigned by the Nevada Division of Insurance at the time of licensing.

Transaction Information:

2. Transaction Type.

- A New Issue – Active Insurance
- T Termination
- R Rescind Termination
- P Previous Coverage

3. Transaction Date.

- The Date the transaction is recorded on the insurance company system.

Insurance Information:

4. Record Type.

V(space)	Vehicle specific
VS	Vehicle specific

5. Policy Number.

6. Insurance Effective Date.

- The policy inception date or the date the vehicle was added to the policy.

7. Insurance Termination Date.

- Used for insurance termination transactions only.

Vehicle Information:

8. Full Vehicle identification Number (VIN)

- The VIN is the primary key used for matching insurance records to the registration records.
- VIN accuracy is critical. VIN's for 1981 or newer vehicles are 17 digits long with the exception of home made vehicles.

9. Vehicle Model Year.

Person or Company insured information:

10. Company Indicator

- Use a Y when the insurance is for a company.

11. Name of insured.

- Registered owner(s) name, if known, or the named insured if the registered owner(s) name is not known.
- Other insured persons, up to four names can be submitted for one vehicle.
- The name must be separated into last name & first name.
- If it is a company, the last name field is used and nothing is entered in the first name field. A "Y" is put in the company indicator field.

12. Identification number of the named insured.

- For an individual, the Nevada Driver's License Number is required if it is known. If the drivers license number is not known, the social security number may be used.

- For a company, the federal employer identification number (FEIN) must be used.
- Other insured persons, up to four numbers can be submitted. There must be an I.D. number for each name.

Mailing address.

- The street address or P.O. Box, city, state and zip code of the insured are required.
- The address, will only be used to help match records and resolve discrepancies between insurance and registration records.

## **B. NON-VEHICLE SPECIFIC INSURANCE RECORD REQUIREMENTS**

The records are for blanket fleet, blanket operator and self-insured insurance coverage when the vehicle information is not available. (Self-insured information is provided by the Drivers Licenses Division.)

Commercial lines with policies covering all vehicles for a company can be reported as one per policy per company, if the vehicle specific information is not maintained. The department will assume all vehicles registered to the named insured are covered under the policy.

One record per policy is submitted.

Reporting Information:

### **1. Insurance Company Number.**

- NAIC Code
- If you do not have an NAIC Code, use the number assigned by the Nevada Division of Insurance at the time of licensing.

Transaction Information:

### **2. Transaction Type:**

- A New Issue – Active Insurance
- T Termination
- R Rescind Termination
- P Previous Coverage

### **3. Transaction Date.**



- The date the transaction is recorded on the insurance company system.

4. Record Type.

NF Non - Vehicle specific – Fleet  
NO Non -Vehicle specific - Operator  
NS Non -Vehicle specific - Self Insured

5. Policy Number.

6. Insurance Effective Date.

7. Insurance Termination Date.

- Used for insurance termination transactions only.

Person or company insured information:

8. Company Indicator.

- Use a Y when insurance is for a company.

9. Name of Insured.

- Registered owner(s) name, if known, or the name insured if the registered owner is not known.
- There should only be one name.
- The name must be separated into last name & first name.
- If it is a company, the last name field is used and nothing is entered in the first name field.
- A “Y” is put in the company indicator field.

10. Identification number of named insured.

- For a company, the federal employer identification number (FEIN) must be used.
- For smaller business's a Social Security Number (SSN) may be used.
- For an individual, the Social Security Number (SSN) may be used. For each name submitted and identification number is required.

**11. Mailing Address.**

- The street address or P.O. Box, city, state, zip code of the insured are required.

## **SECTION 4 TECHNICAL SPECIFICATIONS**

This section defines the acceptable media for record transmission, the standards for that media, the insurance record format, and the insurance record field descriptions.

### **TRANSMISSION MEDIA**

Insurance companies are required to supply information using one of the following transmission media:

1. Magnetic Cartridge.
2. PC diskette or CD.

This option is used for reporting or can be used for reporting correction if cartridge is the preferred media.

Electronic data transfer is not an option at this time.

### **MAGNETIC CARTRIDGE STANDARDS**

Any data received that does not meet the following specifications will be rejected:

1. Cartridges: 3480 IBM compatible,  
NOT compressed
2. Character Set: EBCDIC Uppercase alpha
3. Internal Label: IBM Standard Label
4. Record Length: 550 bytes
5. Block Size: 31,900 bytes 58 records per block
6. Data Set Name: DMV.NV.INSxxxxx  
Where xxxxx is the insurance company number (NAIC)
7. Volume Serial Num: Any 6 (**other than J, F or L and DMV**) numeric or  
alphanumeric characters (it is advised to use numeric only)
8. External Label: Refer to the 'External Label Standard' section

The tapes and cartridges must be IBM compatible.

### **RECORD FORMATS**

The first record on the file must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

### **ERROR RECORDS ARE RETURNED AS THE SECOND FILE ON THE CARTRIDGE.**

If more than one company is submitting on a data set, use the company number for the first company reporting in the data set name and on the header record.

Companies with the same NAIC number but separate lines (Personal and Commercial) are required to submit their data on the same cartridge, tape or PC diskette.

### **PC DISKETTE STANDARDS / CD's**

This option is available to companies:

1. a. Diskette: 3.5" IBM compatible  
double sided double density or  
double sided high density  
formatted with MS-DOS operating  
system internal labels
2. b. CD
2. Character set: ASCII Text File  
Alpha characters in uppercase
3. Internal Label: Standard MS-DOS  
Do not use a compression facility.
4. Record Length: 550 bytes
5. File Name: Any
6. External Label: See 'External Label Standard'

**Note: An application is provided to create diskettes with the 550 format. This application is available for download from the Nevada State DMV / IVP web site.**

To download application go to the web site :

[www.nevadadm.state.nv.us/nvdmviv/](http://www.nevadadm.state.nv.us/nvdmviv/)

This web site is secure and will prompt you for a username and password. Please contact Charlotte Randall for the user name and password to access this site. Instructions are at the site for downloading. (Page 60 for contact information)

## **RECORD FORMATS**

The first record on the file must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

### **ERROR RECORDS ARE RETURNED ON A PRINTED ERROR REPORT.**

Companies with the same NAIC number but separate lines (Personal and Commercial) are required to submit their data on the same media.

### **EXTERNAL LABEL STANDARD**

All cartridges and diskettes must have a label affixed to the outside with the following information:

1. "INSURANCE RECORDS."
2. Insurance Company Name(s).
3. Insurance Company Number(s).
4. Data Set Name.
5. Volume Serial Number. (Cartridge Only)
6. Reporting period (from & to dates). Error corrections use a one day spread, for example March 11, 1999 to March 12, 1999.
7. Creation Date.
8. Total Number of Records.
9. If more than one insurance company is reporting, provide a list of all the insurance company numbers and names.
10. Authorize Name of Person / Address (Diskette Only)

Example:

```
INSURANCE REPORT
From: XYX Insurance Inc.   Co. Nbr: 12345
DSN : DMV.NV.INS12345     Serial#: 000001
For : 7/1/00 - 7/31/00     Created: 8/1/2000
Recs: 1,403
```

### **MAILING INFORMATION**

The following items must be included when reporting insurance records to the Department:

1. The cartridge or diskette, containing the insurance records reported.
2. An external label in the proper format on the cartridge or diskette.
3. A self-sticking return address label. This ensures the media goes back to the correct company and person who submitted the transactions.
4. If desired, a two-copy Report Received Notice.

Mail to:

DMV Motor Vehicles  
Central Services Processing  
Insurance Verification  
555 Wright Way  
Carson City, NV 89711-0800

The monthly reporting submission must be received by the fifteenth of the month.

If the fifteenth of the month is on a weekend or holiday, the report must be received by the following working day.

### **ADDITIONAL FILE INFORMATION**

Records from more than one company NAIC can be submitted on the same file.

Create only one header record for each cartridge or diskette. The NAIC's reported are changed in the insurance records submitted. Sequence the records on the file by insurance company number.

If more than one company is included in the file, use the NAIC number of the first company for the insurance company number in the header record and in the data set name.

### **RECORD FORMATS**

The first record on the file must be in the Header Record Format. All subsequent records are in the Insurance Record Format.

### **RECORD DESCRIPTION**

This section includes the insurance record layout and detailed descriptions for each field.

The following is general information for record creation:

1. All numeric fields (type=N) must be right justified and zero filled.
2. All alphanumeric fields (type=A) must be left justified and space filled.
3. Do not use null values. Use spaces for alphanumeric fields left blank and zeros for numeric fields with no entry.
4. All alphabetic characters must be in UPPERCASE.
5. Do not use asterisks (\*) or at (@) signs in any field.
6. Do not use dashes (-) in ID number fields.
7. All date field formats are: ccyymmdd - century, year, month, and day. Example:  
20000106
8. Required fields must always contain data.



Conditional fields must contain data depending on the criteria specified with each field description. For example, a vehicle year and vehicle make are conditional because they are required for the vehicle specific records, but left blank for non-vehicle specific records.

Optional fields are requested, but not required.

#### **COMPANIES INITIAL INSURANCE DATA BASE CREATION PROCESS:**

1. Submit **ACTIVE** liability insurance records only.
2. Use a transaction type of **A** (new issue - active insurance) for all records submitted.

Everything else is the same as the monthly record submission process.

**HEADER RECORD**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>TYPE</b>	<b>SIZE</b>	<b>REQUIRED/ OPTIONAL/ CONDITIONAL</b>	<b>FIELD POSITION (FROM – TO)</b>
1	INSURANCE COMPANY NUMBER	N	5	Required	1 - 5
2	TRANSACTION TYPE	A	1	Required	6 - 6
3	CREATION DATE	N	8	Required	7 - 14
4	REPORTING PERIOD BEGIN DATE	N	8	Required	15 - 22
5	REPORTING PERIOD END DATE	N	8	Required	23 - 30
6	FILLER	A	520	Required	31 - 550

HEADER RECORD  
FIELD DESCRIPTIONS  
Page 1 of 1

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
1.	<b><u>INSURANCE COMPANY NUMBER</u></b>  Unique number used to identify the insurance company. If the company has an NAIC code, it is used. If not, the number assigned by the Nevada Division of Insurance at time of licensing is used.  The number is numeric, right justified and zero filled.	N/5	Required
2.	<b><u>TRANSACTION TYPE</u></b>  Transaction type is always "H" for the header record.	A/1	Required
3.	<b><u>CREATION DATE</u></b>  The date the cartridge, tape or diskette was created.  Format: CCYYMMDD	N/8	Required
4.	<b><u>REPORTING PERIOD BEGIN DATE</u></b>  The first day of the reporting period. Format: CCYYMMDD	N/8	Required
5.	<b><u>REPORTING PERIOD END DATE</u></b>  The last day of the reporting period. Format: CCYYMMDD	N/8	Required
6.	<b><u>FILLER</u></b>  Set to spaces.	A/520	Required

## INSURANCE RECORD

FIELD #	FIELD NAME	TYPE	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	FIELD POSITION (FROM – TO)
1	Insurance Business Number(NAIC)	N	5	Required	1 - 5
2	Transaction Type	A	1	Required	6 - 6
3	Transaction Date	N	8	Required	7 - 14
4	Record Type	A	2	Required	15 - 16
5	Policy Number	A	25	Required	17 - 41
6	Insurance Effective Date	N	8	Conditional	42 - 49
7	Insurance Termination Date	N	8	Conditional	50 - 57
8	VIN	A	30	Conditional	58 - 87
9	Vehicle Year	N	4	Conditional	88 - 91
10	Vehicle Make	A	4	Conditional	92 - 95
11	Business Indicator	A	1	Required	96 - 96
12	Last Name – 1	A	40	Required	97 - 136
13	First Name- 1	A	15	Conditional	137 - 151
14	ID Type- 1	A	1	Required	152 - 152
15	ID Number- 1	A	25	Required	153 - 177
16	Last Name- 2	A	40	Optional	178 - 217
17	First Name- 2	A	15	Optional	218 - 232
18	ID Type- 2	A	1	Optional	233 - 233
19	ID Number- 2	A	25	Optional	234 - 258
20	Last Name- 3	A	40	Optional	259 - 298
21	First Name- 3	A	15	Optional	299 - 313
22	ID Type- 3	A	1	Optional	314 - 314
23	ID Number- 3	A	25	Optional	315 - 339
24	Last Name- 4	A	40	Optional	340 - 379
25	First Name- 4	A	15	Optional	380 - 394
26	ID Type- 4	A	1	Optional	395 - 395
27	ID Number- 4	A	25	Optional	396 - 420
28	Mailing Address/ P.O. Box	A	30	Optional	421 - 450
29	Mailing City	A	20	Optional	451 - 470
30	Mailing State	A	2	Optional	471 - 472
31	Mailing Zip Code	A	10	Optional	473 - 482
32	Error Reason	A	2	Return Only	483 - 484
33	VINA Error String	A	30	Return Only	485 - 514
34	Insurance Business Number Error Flag	A	1	Return Only	515 - 515
35	Transaction Type Error Flag	A	1	Return Only	516-516

## Section 4 – Technical Specifications

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>TYPE</b>	<b>SIZE</b>	<b>REQUIRED OPTIONAL / CONDITONAL</b>	<b>FIELD POSITION (FROM –TO)</b>
36	Transaction Date Error Flag	A	1	Return Only	517 - 517
37	Record Type Error Flag	A	1	Return Only	518 - 518
38	Policy Number Error Flag	A	1	Return Only	519 - 519
39	Insurance Effective Date Error Flag	A	1	Return Only	520 - 520
40	Insurance Termination Date Error Flag	A	1	Return Only	521 - 521
41	VIN Error Flag	A	1	Return Only	522 - 522
42	Vehicle Year Error Flag	A	1	Return Only	523 - 523
43	Vehicle Make Error Flag	A	1	Return Only	524 - 524
44	Business Indicator Error Flag	A	1	Return Only	525 - 525
45	Last Name- 1 Error Flag	A	1	Return Only	526 - 526
46	First Name- 1 Error Flag	A	1	Return Only	527 - 527
47	ID Type- 1 Error Flag	A	1	Return Only	528 - 528
48	ID Number- 1 Error Flag	A	1	Return Only	529 - 529
49	Mailing Address/P.O. Box Error Flag	A	1	Return Only	530 - 530
50	Mailing City Error Flag	A	1	Return Only	531 - 531
51	Mailing State Error Flag	A	1	Return Only	532 - 532
52	Mailing Zip Code Error Flag	A	1	Return Only	533 - 533
53	Submitting Business Comment Field	A	17	Optional	534 - 550

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 1 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
1.	<b><u>INSURANCE COMPANY NUMBER</u></b>	N/5	Required
	<p>Unique number used to identify the insurance company. If the company has an NAIC code, it is used. If not, the number assigned by the Nevada Division of Insurance at time of licensing is used.</p> <p>The number is numeric, right justified and zero filled.</p>		
2.	<b><u>TRANSACTION TYPE</u></b>	A/1	Required
	<p><b>A = New Issue - Active Insurance</b> Used when:</p> <ul style="list-style-type: none"> <li>◦ a new liability policy is issued;</li> <li>◦ a vehicle is added to an existing policy;</li> <li>◦ insurance is reinstated after a lapse in coverage;</li> <li>◦ an active record is submitted during the initial reporting process.</li> </ul> <p><b>T = Termination</b> Used when:</p> <ul style="list-style-type: none"> <li>◦ liability coverage is terminated, canceled or out of force;</li> <li>◦ a vehicle is dropped from an existing policy;</li> <li>◦ insurance is not renewed.</li> </ul> <p><b>R = Rescind Termination</b> Used when a termination was sent in error; reactivates insurance by undoing the previously sent termination.</p> <p><b>P = Previous Coverage</b> Used to report previous insurance coverage on a vehicle.</p>		

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 2 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
3.	<b><u>TRANSACTION DATE</u></b>  The date the transaction was recorded on the insurance company system.  Format: CCYYMMDD	N/8	Required
4.	<b><u>RECORD TYPE</u></b>  V = Vehicle specific VS = Vehicle specific NF = Non-vehicle specific - fleet NO = Non-vehicle specific - operator NS = Non-vehicle specific - self-insured	A/2	Required
5.	<b><u>POLICY NUMBER</u></b>  Liability insurance policy number.	A/25	Required
6.	<b><u>INSURANCE EFFECTIVE DATE</u></b>  The date liability insurance is in effect, active, or 'in force'.  <b>Required for Add Transactions (TRANSACTION TYPE = A )</b>  Format: CCYYMMDD  <b>EFFECTIVE AND TERMINATION DATE IS REQUIRED IN “P” PREVIOUS TRANSACTION</b>	N/8	Conditional
7.	<b><u>INSURANCE TERMINATION DATE</u></b>  The date liability insurance is terminated, canceled, or considered 'out of force'.  <b>Required for termination and rescind transactions (TRANSACTION TYPE = T &amp; R ).</b>  Format: CCYYMMDD	N/8	Conditional
8.	<b><u>VIN</u></b>  The full Vehicle Identification Number. This field is the primary key used for matching insurance records to registration records. VIN accuracy is critical.  <b>Required for all vehicle specific records.</b>	A/25	Conditional

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 3 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
9.	<b><u>VEHICLE YEAR</u></b>  The vehicle model year.  <b>Required for all vehicle specific records.</b>  Format: CCYY	N/4	Conditional
10.	<b><u>VEHICLE MAKE</u></b>  The NCIC vehicle make code.  <b>Required for all vehicle specific records</b>	A/4	Conditional
11.	<b><u>BUSINESS INDICATOR</u></b>  Space = name supplied is not a company name Y = name supplied is a company name  <b>Required if name supplied is a company name.</b>	A/1	Conditional
12.	<b><u>LAST NAME - 1</u></b>  Last name of registered owner(s) if known, or last name of a named insured if registered owner(s) name is not known. Company name if the insured is a company.	A/40	Required
13.	<b><u>FIRST NAME - 1</u></b>  First name of registered owner(s) if known, or first name of a named insured if registered owner(s) name is not known.  <b>Required if registered owner(s) or named insured is not a company.</b>	A/15	Conditional



INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 4 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
14.	<b><u>ID TYPE - 1</u></b>  Identifies the type of ID number for the first named insured. S = SSN D = DLN F = FEIN	A/1	Required
15.	<b><u>ID NUMBER - 1</u></b>  Unique number identifying the first named insured.  For an individual, the Nevada Driver's License Number is requested if it is known. If the driver's license number is not known, the social security number may be used.  For a company, the federal employer identification number (FEIN) is used.	A/25	Required
16.	<b><u>LAST NAME - 2</u></b>  Last name of additional registered owner(s) or named insured.	A/40	Optional
17.	<b><u>FIRST NAME - 2</u></b>  First name of additional registered owner(s) or named insured.	A/15	Optional
18.	<b><u>ID TYPE - 2</u></b>  Identifies the type of ID number for the second named insured. S = SSN D = DLN	A/1	Required
19.	<b><u>ID NUMBER - 2</u></b>  ID number of additional registered owner(s) or named insured.	A/25	Optional

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 5 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
20.	<b><u>LAST NAME - 3</u></b> Last name of additional registered owner(s) or named insured.	A/40	Optional
21.	<b><u>FIRST NAME - 3</u></b> First name of additional registered owner(s) or named insured.	A/15	Optional
22.	<b><u>ID TYPE - 3</u></b> Identifies the type of ID number for the third named insured. S = SSN D = DLN	A/1	Optional
23.	<b><u>ID NUMBER - 3</u></b> ID number of additional registered owner(s) or named insured.	A/25	Optional
24.	<b><u>LAST NAME - 4</u></b> Last name of additional registered owner(s) or named insured.	A/40	Optional
25.	<b><u>FIRST NAME - 4</u></b> First name of additional registered owner(s) or named insured.	A/15	Optional
26.	<b><u>ID TYPE - 4</u></b> Identifies the type of ID number for the fourth named insured. S = SSN D = DLN	A/1	Optional
27.	<b><u>ID NUMBER - 4</u></b> ID number of additional registered owner(s) or named insured.	A/25	Optional

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 6 of 9

No.	Field Name & Description	Type/ Size	Req/Opt Cond
<b>28.</b>	<b><u>MAILING ADDRESS / PO BOX</u></b>	A/30	Optional
	Street address or P.O. Box portion of mailing address of registered owner(s) or named insured.		
<b>29.</b>	<b><u>MAILING CITY</u></b>	A/20	Optional
	City portion of mailing address of registered owner(s) or named insured.		
<b>30.</b>	<b><u>MAILING STATE</u></b>	A/2	Optional
	State abbreviation of mailing address of registered owner(s) or named insured.		
<b>31.</b>	<b><u>MAILING ZIP CODE</u></b>	A/10	Optional
	ZIP code portion of mailing address of registered owner(s) or named insured.		
<b>32.</b>	<b><u>ERROR REASON</u></b>	A/2	Return
	Error reason code (for returned records only).		
	EE - Editing error IG - Ignored record due to Bad Header, NAIC not tested, invalid transaction IV - Invalid VIN submitted (per the R.L. Polk VINA software) NM - No matching record NN - No matching Name RA - Record already exists (duplicate)		
<b>33.</b>	<b><u>VINA ERROR STRING</u></b>	A/30	Return
	Error string as received from the R.L. Polk VINA software.		

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 7 of 9

No.	Field Name & Description	Type/ Size	Req/Opt Cond
34.	<b><u>INSURANCE BUSINESS NUMBER ERROR FLAG</u></b>  Flag indicating an editing error in the submitted insurance business number ('Y' or 'N').	A/1	Return
35.	<b><u>TRANSACTION TYPE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted transaction type ('Y' or 'N').	A/1	Return
36.	<b><u>TRANSACTION DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted transaction date ('Y' or 'N').	A/1	Return
37.	<b><u>RECORD TYPE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted record type ('Y' or 'N').	A/1	Return
38.	<b><u>POLICY NUMBER ERROR FLAG</u></b>  Flag indicating an editing error in the submitted policy number ('Y' or 'N').	A/1	Return
39.	<b><u>INSURANCE EFFECTIVE DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted effective date ('Y' or 'N').	A/1	Return
40.	<b><u>INSURANCE TERMINATION DATE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted termination date ('Y' or 'N').	A/1	Return

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 8 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
41.	<b><u>VIN ERROR FLAG</u></b>  Flag indicating an editing error in the submitted VIN ('Y' or 'N').	A/1	Return
42.	<b><u>VEHICLE YEAR ERROR FLAG</u></b>  Flag indicating an editing error in the submitted vehicle year ('Y' or 'N').	A/1	Return
43.	<b><u>VEHICLE MAKE ERROR FLAG</u></b>  Flag indicating an editing error in the submitted vehicle make ('Y' or 'N').	A/1	Return
44.	<b><u>BUSINESS INDICATOR ERROR FLAG</u></b>  Flag indicating an editing error in the submitted business indicator ('Y' or 'N').	A/1	Return
45.	<b><u>LAST NAME- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted last name- 1 ('Y' or 'N').	A/1	Return
46.	<b><u>FIRST NAME- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted first name- 1 ('Y' or 'N').	A/1	Return
47.	<b><u>ID TYPE- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted ID type- 1 ('Y' or 'N').	A/1	Return
48.	<b><u>ID NUMBER- 1 ERROR FLAG</u></b>  Flag indicating an editing error in the submitted ID number- 1 ('Y' or 'N').	A/1	Return

INSURANCE RECORD  
FIELD DESCRIPTIONS  
Page 9 of 9

No.	Field Name & Description	Type/ Size	Req/Opt/ Cond
49.	<b><u>MAILING ADDRESS/P.O. BOX ERROR FLAG</u></b>	A/1	Return
	Flag indicating an editing error in the submitted mailing address ('Y' or 'N').		
50.	<b><u>MAILING CITY ERROR FLAG</u></b>	A/1	Return
	Flag indicating an editing error in the submitted mailing city ('Y' or 'N').		
51.	<b><u>MAILING STATE ERROR FLAG</u></b>	A/1	Return
	Flag indicating an editing error in the submitted mailing state ('Y' or 'N').		
52.	<b><u>MAILING ZIP CODE ERROR FLAG</u></b>	A/1	Return
	Flag indicating an editing error in the submitted mailing zip ('Y' or 'N').		
53.	<b><u>SUBMITTED BUSINESS COMMENT FIELD</u></b>	A/17	Optional
	Record comment area- returned as received.		

## ERROR RETURN CODES DETAILED DESCRIPTION

### POSITION (from - to)

**485 - 514** Denotes the **VIN** error string which will be returned by the **POLK'S VIN CHECK** program if **VIN** invalid. This string will consist of 0's and 1's.

The following **BYTE** position will have “Y” if there is an error in the corresponding field.

<b>515</b>	Denotes the <b>NAIC</b> error
<b>516</b>	Denotes the <b>TRANSACTION</b> type error
<b>517</b>	Denotes the <b>TRANSACTION DATE</b> error
<b>518</b>	Denotes the <b>RECORD</b> error
<b>519</b>	Denotes the <b>POLICY NUMBER</b> type error
<b>520</b>	Denotes the <b>INSURANCE EFFECTIVE DATE</b> error
<b>521</b>	Denotes the <b>INSURANCE TERMINATION DATE</b> error
<b>522</b>	Denotes the <b>VIN</b> error
<b>523</b>	Denotes the <b>VEHICLE YEAR</b> error
<b>524</b>	Denotes the <b>VEHICLE MAKE</b> error
<b>525</b>	Denotes the <b>BUSINESS INDICATOR</b> error
<b>526</b>	Denotes the <b>LAST NAME #1</b> error
<b>527</b>	Denotes the <b>FIRST NAME #1</b> error
<b>528</b>	Denotes the <b>ID</b> type error
<b>529</b>	Denotes the <b>ID NUMBER</b> error
<b>530</b>	Denotes the <b>MAILING ADDRESS</b> error
<b>531</b>	Denotes the <b>MAILING CITY</b> error
<b>532</b>	Denotes the <b>MAILING STATE</b> error
<b>533</b>	Denotes the <b>MAILING ZIP</b> error
<b>534 - 550</b>	(A/17) are left blanks

## **SECTION 5 DOCUMENT EXAMPLES**

This section contains samples of notices, letters, and reports used for the reporting processes. Document flows are included with several of the letters to help clarify how the letters are used. (Documents can be photocopied if desired.)

Samples are included for the following documents:

1. Insurance Company Reporting Information Notice.

This notice is used by the Department to obtain insurance company information.

This notice must be completed and returned to the Department within 30 days of licensing in Nevada or whenever a change occurs in company staff, address or phone numbers.

2. Insurance Company Report Received Notice.

This notice is provided to the department by the insurance company if they want notification their report was received. It must be a two-copy notice. The Department employee receiving the report will sign and date the notice, and return the original to the insurance company.

**The insurance company must supply a prepaid self-addressed return envelope, which will be used to mail the notice back to the insurance company.**

3. Insurance Company Records Processed Statistical Report, Insurance Transaction Records Error Report and Insurance Transaction Records Statistical Report. Error Code Sheet

These reports are generated when the insurance records are processed by the Department. Copies of the report are sent to the insurance company.

4. No Activity to Report Notice.

The insurance company sends this notice in lieu of a report if they have had no insurance activity for the reporting period. The notice must be received by the Department by the fifteenth day of the month for the previous month's reporting period.

5. No Activity Report Received Notice.

This notice is generated by the Department and sent to the insurance company when no report or insurance records have been received by the fifteenth day of the month.



6. Insurance Company Not in Compliance.

This notice is generated by the Department and sent to the insurance company when they have failed to report.

7. Motor Vehicle Insurance Verification Request. (*Sample not enclosed*)

This letter is generated by the Department and sent by first class mail to registered owner(s) identified as potentially uninsured (the Department has no record of insurance). If the registered owner(s) returns the letter to the Department with insurance information and the Department has no record of that insurance, the letter is forwarded to the insurance company.

The insurance company must respond within 30 days if the customer has maintained insurance to prevent registration suspension. If the card is received back from the insurance company with a response of “Denied”, the registration will be immediately placed into suspension. If no record of insurance is received the department will presume the previous (termination) notice is correct and proceed with registration suspension.

INSURANCE COMPANY REPORTING  
INFORMATION NOTICE

**Please enter the information requested on this document and return to:**

Attention: Charlotte Randall  
DMV Motor Vehicle Branch  
Central Services Processing  
555 Wright Way  
Carson City, Nevada 89711-0800

Phone: (775) 684-4491  
Fax : (775) 684-4543  
e-mail: crandall@dmv.state.nv.us

**PERSON COMPLETEING FORM:** \_\_\_\_\_  
**POSITION** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

Company NAIC : \_\_\_\_\_

Administrative Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax:    (    ) \_\_\_\_\_

e-mail: \_\_\_\_\_

Data Processing Contact Person: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax:    (    ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**REPORTING INFORMATION:**

Reporting Media:    \_\_\_ Diskette    \_\_\_ Cartridge    \_\_\_ Both

Records will be transmitted:    \_\_\_ Weekly    \_\_\_ Bi-Weekly    \_\_\_ Monthly

The reporting media, errors, statistics are to be returned to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Fax:    (     ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**DMV Insurance Verification Data Mailers; mailed to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number: (\_\_\_\_) \_\_\_\_\_**

**Verbal Authorization Contacts:**

Name(s):

Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

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**PLEASE REMOVE THE FOLLOWING PEOPLE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# INSURANCE COMPANY REPORT RECEIVED NOTICE

This notice is used by the insurance company to request notification that DMV has received their monthly activity report.

**INSURANCE COMPANY REPRESENTATIVE:**

Please provide the following information. Submit two copies of this form and a self-addressed return envelope, along with your monthly activity report.  
(FORM MUST BE COMPLETED IN FULL)

Insurance Company NAIC Number:

Reporting Period: \_\_\_\_\_  
*Beginning Date* *Ending Date*

Reporting Created Date : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DMV Insurance Verification Employees:**

Please sign below to acknowledge receipt of the above monthly activity report. Return one copy of this notice to the insurance company in the supplied envelope.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

NO ACTIVITY TO REPORT

INSURANCE COMPANY NAME :

INSURANCE COMPANY NAIC NUMBER:

No activity for reporting period :

Beginning Date

*Ending Date*

The above mentioned company has no policy activity to report for the monthly reporting period.

Signature of Insurance Company Representative

Date \_\_\_\_\_

STATE OF NEVADA  
DMV CENTRAL SERVICE RECORD  
INSURANCE VERIFICATION  
INSURANCE RECORDS PROCESSED STATISTICAL REPORT

RUN DATE: FILE / DISK :

FOR NAIC:

REPORTING PERIOD: BEGIN DATE:

END DATE:

	VEHICLE SPECIFIC	NON VEHICLE SPECIFIC	TOTAL
	_____	_____	_____
TOTAL RECORDS SUBMITTED:			
NEW ISSUE			
TERMINATION			
NAME DROP			
RESCINDED			
DELETE			
PREVIOUS			

TOTAL RECORDS ACCEPTED:

NEW ISSUE  
TERMINATION  
NAME DROP  
RESCINDED  
DELETE  
PREVIOUS

TOTAL RECORDS REJECTED:

NEW ISSUE  
TERMINATION  
NAME DROP  
RESCINDED  
DELETE  
PREVIOUS

OF THE NEW ISSUE, NUMBER OF  
INVALID VIN RECORDS RETURNED

UNMATCHED NAME RECORDS :

DUPLICATE NEW ISSUES RECORDS :

EDITING ERRORS RECORDS :

IGNORED TRANSACTIONS :

UNMATCHED NEW ISSUE REQUESTS :

DEPARTMENT OF MOTOR VEHICLES  
REGISTRATION DIVISION  
INSURANCE VERIFICATION  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

INSURANCE TRANSACTION RECORDS STATISTICAL REPORT

DISK / FILE PROCESSING:

NAIC	REC TYPE	ERROR	POLICY NUMBER	VIN	1	2	3	4	5	6	7	8	9
------	----------	-------	---------------	-----	---	---	---	---	---	---	---	---	---

RESULT:

LIST OF NAICS THAT WERE PRESENT:

- 1.

DEPARTMENT OF MOTOR VEHICLES  
REGISTRATION DIVISION  
INSURANCE VERIFICATION  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

INSURANCE TRANSACTION RECORDS ERROR REPORT

FOR NAIC:

POLICY NUMBER / DATES

EFFECTIVE & TERMINATE

VEHICLE VIN / YR

NAMES ON INSURANCE - LAST NAME

FIRST NAME

ID NUMBER

ERROR:



## **ERROR CODE SHEET**

- 1 - INSURANCE COMPANY ERROR FLAG**
- 2 - TRANSACTION TYPE ERROR FLAG**
- 3 - TRANSACTION DATE ERROR FLAG**
- 4 - RECORD TYPE ERROR FLAG**
- 5 - POLICY NUMBER ERROR FLAG**
- 6 - INSURANCE EFFECTIVE DATE ERROR FLAG**
- 7 - INSURANCE TERMINATION ERROR FLAG**
- 8 - VIN ERROR FLAG ERROR FLAG**
- 9 - VEHICLE MODEL ERROR FLAG**
- 10 - VEHICLE YEAR ERROR FLAG**
- 11 - BUSINESS INDICATOR ERROR FLAG**
- 12 - LAST NAME ERROR FLAG**
- 13 - FIRST NAME ERROR FLAG**
- 14 - ID TYPE ERROR FLAG**
- 15 - ID NUMBER ERROR FLAG**
- 16 - MAILING ADDRESS ERROR FLAG**
- 17 - MAILING CITY ERROR FLAG**
- 18 - MAILING STATE ERROR FLAG**
- 19 - MAILING ZIP ERROR FLAG**

DEPARTMENT OF MOTOR VEHICLES  
REGISTRATION DIVISION  
INSURANCE VERIFICATION  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0400

XXXX/XX/XXXX

Nevada law requires all insurance companies writing liability insurance policies in the State of Nevada to report any activity to the Department by the fifteenth day of each month.

The Department's records indicate that you have not complied with the reporting requirements for the period of:

NAIC:

DATES:

Therefore, your account with the Central Services and Records Section, has been suspended. You will not be eligible to receive vehicle registration or driver's license information from the department until you have filed the required report on a timely basis for two months.

If you have any questions regarding this notice, please call 775 684-4491 or 775 684-4489 for assistance.

XXX/XX/XXXX

Signature :

## **SECTION 6 CONTACT PERSONS**

The contact people at the State of Nevada, Department of Motor Vehicles, involved in the Insurance Verification Program are listed below.

### **Mail monthly reports to:**

DMV Motor Vehicles  
Central Services Processing  
Insurance Verification  
555 Wright Way  
Carson City, NV 89711-0800

### **Primary contact for the program:**

Charlotte Randall, Insurance Verification Supervisor  
Phone : (775) 684-4491  
email : [crandall@dmv.state.nv.us](mailto:crandall@dmv.state.nv.us)  
FAX : (775) 684-4543  
Address: 555 Wright Way  
Carson City, NV 89711-0800

### **Technical Support:**

Contact Charlotte Randall

**Web Site** to download copies of the Nevada Reporting Requirements Manual

[www.dmvnv.com/ivpagents.htm](http://www.dmvnv.com/ivpagents.htm)